	<u>, u</u>	nder the Paperw	ork fleduction Act o	(1995, no	persons are réqu	ired to respond	~	CONTRACTOR OF MA	rademark Offic ormation unter	œ; U.S. O	EPARTHENT OF	F COLOLERCE	
	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information under PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									779	091805590		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SWALL ENTITY		OR OR	OTHER THAIL SMALL ENTITY		
•		FOR SIC FEE	· MUMO	NUMBER FLED		MULIGER EXTRA		RATE	FEE		RATE	FEE	
	(37	CFR 1.16(a))							1	OR		1	
	TOTAL CLAIMS: (37 CFR 1.16(c))			minus 20 «				x 1 =		OR	X1 =		
	(37 CFR 1.16(b))		KIS	minuş 3			·	K (=					
	MULTIPLE DEPENDENT CLAM PRESENT (3) CFR 1.16(d))						·	+1 :		OR OR	+1 .		
	* If the difference in column & is less than zero, enter "O" in column 2.						•	TOTAL		OR	TOTAL		
-	CLAIMS AS AMENDED - PART II										•	L	
Ď		,	(Column 1)				<u>.</u> .	SHALL E	YIITH	OR		R THAN ENTITY	
Rest Available Copy	A TN		CLAIMS REHAINING AFTER AMENDMENT		HIGHEST HUKBER PREVIOUSLY PAID SOB I	PRESENT EXTRA		RATE	. ADOI- TIONAL		RATL	ADOI: TIONAL	
	AMENDMENT	LOISI LOISI	104	Minus	104			X \$ <	FEE	OR	x 1/ =	ree	
	AEN AEN	Andependent GI CFA 1.16(a))	₹	Minus	- 3	٠		X1. *		OR :	x .		
무	₹	FIRST PRESENTATION OF MATIPLE DEPENDENT CLAIM (3) CFR 1.16(4))						/		OR	/		
<u>الح</u>	1	21/00					•	TOTAL .		OR	TOTAL ADD'L FEE		
	4	71 (43	(Column 1)		(Calumn 3)		<i>L</i> .						
0	ENT B		CUAIMS RELVAHING AFTER AMENDIKENT		HIGHEST KUKEER PREVIOUSLY PAID FOB	PRESENT EXTRA		ямтє	TIONAL)		ゔない	ADOI- TIONAL	
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	MEN	enterendent en en enegen	2	Miraus	<i>",2</i> '	=		<u> </u>	· -	OR	×1 /-		
	AM	FIRST PRESENTATION OF NUMBER DEPENDENT CLAN (31 OFR 1.16(4))						+1 =	4	09-	1,		
								ADOL FEE		OR	TOTAL ADD'E FEE		
	(Column 1) (Column 2) (Column 3)									•	•		
	MENT C		CLAIMS RETAINING ACTER ACCOMMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RVITE	ADDI.	
)M(Diensi (Di CCA Littlen		t.sinus	-	=			.,,,,,			l FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1,16(d))

AMEN

If the entry is coldular 1 is less than the entry in column 7, write "O" in column 3.

If the "Highest Number Previously Paid For It HIS SPACE is less than 20, enter "O".

If the "Highest Number Previously Paid For It HIS SPACE is less than 3, enter "O".

The "Highest Number Previously Paid For It HIS SPACE is less than 3, enter "O".

The "Highest Number Previously Paid For Total or Independent) is the Notion number found in the appropriate both column 1.

This collection of into nation is required by 37 CFR 1.15, The Indomesion is required to obtain or return a benefit by the public which is to fire (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 ninutes to complete, including pattering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the included as a Any comments on the amount of time you require to complete this form and/or suggestions for reducing this transaction, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Committed or Palante, P.O. Dox 1450, Alexandria, VA 22313-1450.

TOTAL

7001.756

OR

OR

TOTAL

If you need as sistence in compreting the family call 1-800-0170-0199 and colod option 2....